24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Values are Vital `	
	C C00552422
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Go BIG Media Inc	03 01 2016
Mailing Address 1875 Connecticut Ave NW	
10th Floor	Amount
City State Zip Code	24236.25
Washington DC 20009	Transaction ID : SE.4531 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type 004	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Marco Rubio Oppose	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought Disbrace 24236.25 Disbrace 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Go BIG Media Inc	M = M / D = D / Y = Y = Y
Mailing Address 1875 Connecticut Ave NW	03 01 2016
10th Floor	Amount
City State Zip Code	1638.75
Washington DC 20009	Transaction ID : SE.4532 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	M M / D D / Y Y Y Y
Type 004	03 01 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Marco Rubio Oppose	President Senate State: MN
2016	ursement For:
Per Election for Office Sought 25875.00	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	25875.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	25875.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	02 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	